

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol Area Code/Phone Number (916) 445-0873 E-mail Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)		

2. Donor Name and Address

☐ Individual _____
 Last Name First Name
 1215 K Street Sacramento CA 95814
 Address City State Zip Code

☒ Other California State Protocol Foundation

The CSPF is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

See Exh. A \$ See Exh. A See Exh. A \$ See Exh. A
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 04 22 09 \$ 77,708
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Hannover, Germany
 2/26/09 - 3/05/09 \$ 1,319 \$ 142 \$ 616 \$ 107 \$ 2,184
 Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The CSPF paid for various expenses related to the Governor's presentation at the CeBIT conference, including lighting, sound, catering, visual and graphic production, shipping, graphic design, flags, and travel expenses for two staff members, as identified below.

Identify the officials for whom the payment was used:

Pulone	Kristin	Dep. Director of Advance	
Last Name	First Name	Title	Department/Division
Kennedy	Susan	Chief of Staff	
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Will Fox Deputy Chief of Staff 4/24/09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Exhibit A

Date	Name	Street1	Street2	City	State	Zip	Country	Amount
02/26/2009	California Travel & Tourism Commission	980 9th Street, Suite 480		Sacramento	CA	95814	USA	\$25,000.00
03/03/2009	Deutsche Messe	Messegelände	30521	Hannover			Germany	\$159,972.50
03/13/2009	Schöco International KG	Karolinenstr. 1-15	33609	Bielefeld			Germany	\$49,979.00
03/31/2009	Paramount Farms	11444 Olympic Blvd.	2nd Floor	Los Angeles	CA	90064	USA	\$10,000.00
Total:								219,951.50